

My commission expires: \_\_\_\_\_:

## **Affidavit and Agreement Supporting Claim by Authorized Representative for another Person**

I, the undersigned Claiming Agent, as authorized representative for the below-identified person entitled to claim certain unclaimed property now held in custody by the Office of the State Treasurer, after being duly sworn, do hereby affirm as follows:

OWNER'S INFORMATION:			
NAME OF LISTED OWNER:  MAILING ADDRESS (CURRENT):			
SSN:			
DATE OF BIRTH:			
CLAIMING AGENT'S CAPACITY TO C	LAIM AND ENTER	AGREEMENT:	
I am authorized to place this claim an	nd enter the below-	stated AGREEMENT becau	ise:
☐ I am the licensed Attorney rep	presenting the Owr	er and my Bar Association	n Number is:
☐ I hold a valid Power of Attorn	ney given to me by	the Owner.	
☐ I am the court-appointed Guar	rdian of the Owner		
☐ I am the court-appointed Cons	servator of the Ow	ner.	
☐ I am the duly appointed Trust	ee for the Owner.		
Other: (Please explain)			
AGREEMENT: Claimant agrees to in superior claim(s) made on the claimed Claiming Agent's Signature:	d property.		Ç .
Claiming Agent's Name (printed)			
Personally appeared before me the sa based upon his/her own personal known	id Claiming Agent		
County	State	······································	
Subscribed and sworn before me on:		(date)	(seal)
Notary Public:			
Print Name:			